INFORMATION FOR

THE Family OF

THE

Transexual

And Children With Gender Identity Disturbances

Erickson
Educational
Foundation
A NON-PROFIT ORGANIZATION

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WHO IS THE TRANSEXUAL

The transexual is a member of the human family, even as you and I, for whom life, in several critical respects, has been and still may be more complex than it is for us.

This very broad answer to what may be for you an anguished question nevertheless will be seen to go to the heart of the matter and of your concern. When a member of the family of a transexual poses this question, he is not expressing a general or academic interest. His interest is practical, intensely so. What he is asking, in fact, is: how did my transexual son or daughter come to be as he or she is?; is his condition reversible?; if not, how may I help him?[1] These implied questions shall receive the close attention they deserve. But to all answers our first answer will be seen to point the way, as it enjoins the respect, concern and love without which our most enlightened attempts to be of assistance must inevitably fall short of the mark.

The Human Family and the Transexual Individual

If the productions of nature were to achieve perfection, the dance of atoms which we call life would grind to a halt. Nature, by definition, is an unending experiment. Nothing that lives, none of the manifold forms of life, exists in a "pure" or unmixed state. We human beings, too, participants in the slow process of evolution, are hybrid creatures, each one of us balancing and re-balancing, in a continuous sensitive interplay, the contrary qualities that compose our individual human identity.

When we say that man's gender identity is psychosexual in essence, we refer not merely to his physical characteristics, but to an intricate, variable complex of mental traits and tendencies, subtle and emphatic. For most of us, these qualities and characteristics resolve themselves into a harmony that declares itself as predominantly masculine or feminine. This psychosexual identity which we present to the world satisfies our cultural definitions, and may comfortably be taken for granted by us and by those around us.

Not so for the transexual. For him, the apparent sexual balance, as expressed in the primary sex characteristics[2], is deceptive. It does not reflect, indeed it contradicts, the inner balance he strongly feels, and which to him represents his true psychosexual identity. In some instances of transexualism, where the secondary sex characteristics[3] shade into those of the opposite sex, the body itself has already begun to bear out this inner truth. But physical ambiguities are by no means general in every instance in which an

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[1] in the interest of simplicity, the transexual will be referred to as "he," but "he" or "she" should be understood; i.e., the male and female transexual.

[2] the external genitalia

[3] e.g. heavy facial or body hair in the female, feminine hips and pronounced breast development in the male

individual's powerful, intimate sense of self contradicts his sex as recorded at birth.

The homosexual and the tranvestite[4] experience some conflict between sex and gender. But neither of these has any desire to change his anatomy. The transexual, on the other hand, feels that he has been trapped in the body of the wrong sex and he seeks help to be freed from this predicament.

How Did It Happen? Is It Reversible?

The best efforts of skilled dedicated professionals in the physical and psychological sciences have so far failed to uncover the origins of the transexual condition. The most impressive hypotheses put forward to date, based upon careful and open-minded clinical studies, indicate that several possible elements should be considered together: functioning of the brain and of the endocrine glands, neurological mechanisms, cultural and other environmental factors.

Most, if not all, specialists in gender identity are agreed that the transexual condition establishes itself very early, before the child is capable of elective choice in the matter, probably in the first two years of life; some say even earlier, before birth during the fetal period. These findings indicate that the transexual has not made a choice to be as he is, but rather that the "choice" has been made for him through many causes preceding and beyond his control. Consequently, it has been found that attempts to treat the true transexual psychotherapeutically have consistently met with failure.

Yet, some sort of treatment is urgently indicated, for in many instances his suffering is so intense that suicide and self-mutilation are not uncommon. So it is that a distinguished doctor, joined by many others in this view, compassionately decided: "If the mind cannot be changed to fit the body, then perhaps we should consider changing the body to fit the mind." Thus scientists through painstaking clinical processes arrive at the same conclusion to which the transexual's suffering has led him as he desperately seeks a remedy for his daily sense of the dissonance between his mind and body.

Physicians and psychiatrists have been deeply impressed with the fortitude with which their transexual patients confront physical pain, economic sacrifice, and complicated social and emotional adjustments in their committment to the liberating process of sex reassignment. Medical specialists who maintain a careful, long-term follow-up on their transexual patients have reported that, where other efforts at treatment have failed, corrective surgery has produced "subjective and objective improvement in life adjustment in a majority of cases."

So to your question "Is it reversible?," the vast majority of medical practitioners seriously concerned with problems of gender identity in the adult have answered "No." But to this negative answer they have mercifully added positive suggestions for treatment

[4] one who occasionally dresses in clothes of the opposite sex to obtain sexual gratification

which offer relief and hope to the transexual: hormone therapy and surgery.

Highly qualified doctors of physical and psychological medicine all over the world, working singly or in teams, are concerning themselves increasingly with investigations into the causes and treatment of transexualism. Evidence as to causes, and data as to effects of treatment, are accumulating, encouraging the hope that earlier diagnosis and more effective preventive and ameliorative procedures, as well as education of the general public, will successfully reduce this source of human suffering.

But it cannot be too strongly stated that to question "why" is the scientist's proper job, and his alone. It is harmful, and even destructive, for the family of a transexual to look back for the causes of his difficulties. Such a search based on one case only and biased by emotional involvement may easily mask an assignment of guilt, either to yourself or to your child. It would be better to look instead to the present, and share this present with him, fulfilling his need for your love, understanding, and acceptance.

The World's Body

Earlier it was stated that each individual embodies in himself a balance of contrary qualities, masculine and feminine. Philosophy, religion and science are also agreed in this conclusion: that each individual forms a constellation with every other; that we are all members of the same body. If the fate of each influences the fate of all, surely this is so to a heightened degree for those whom circumstance has brought together in one intimate familial environment and by one blood-line. It should then be evident that what nature has united we may sunder only at great personal cost.

One may regard a problem such as a transexual child as something to be pushed aside or forgotten; but in fact, by confronting such a problem one finds opportunities for growth, a chance to learn about and appreciate qualities in one's child which seemed undesirable when "out of context" in his male body, but which now appear lovely. A difficulty avoided inevitably returns to challenge us in a more acute form. So do not turn from a loved one at the time of his greatest need.

To Share

No parent of an adult transexual is wholly unprepared for the revelation of his condition. There have been numerous clues, usually from early childhood and always from adolescence, when the psychosomatic crises of that period produce distress signals that are often most dramatic. You have no doubt shared in his embarrassments and traumas, when, since his natural behavior was inappropriate to his genetic sex, he was rejected by his peers, looked at askance in public, and finally retreated into a painful isolation. Remembering your own discomfort on his behalf, recognize that the primary and more intense

suffering was his alone; just as it is he who now bears the heaviest burdens of readjustment to a new life. Now that he has finally found a way to correct those conditions that created painful experiences for you as well as for him, it should bring a sense of relief to you, too.

Almost any biologically complementary couple may participate in procreation. You are called upon to assist at a re-creation: your child's second birth. Mistakes are remedied so that he can begin to fulfill himself personally and as a happily contributing member of society. Through your vitally important, loving support, you can be a participant in his adventure, sharing in the release and liberation of his new life.

RESEARCH ON TRANSEXUALISM

Although the causes of the transexual condition are not yet understood, extensive research in recent years has indicated some possible biological and psychological factors which might render one individual more vulnerable than another to develop in this way. The following brief summary will cover some of these factors.

Experiments with animals suggest that the altering of hormone balances, during certain limited, critical prenatal periods, will affect those areas of the brain that regulate masculine and feminine behavior. Other medications administered to the pregnant mother (barbiturates for example) may also have an effect on the development of the unborn child, as may certain intrauterine viral infections.

Transexual symptoms need not develop under such circumstances, and of course, usually do not. Predetermining circumstances may simply make the individual more susceptible to the development of transexualism. The postnatal determinants of gender identity—the child's relationships with those who form his early social environment—may then supply the deciding factor, if these relationships are seriously disturbed during the critical postnatal period of gender identity formation.

INEFFECTIVE MODES OF TREATMENT

If gender identity is set at an age that precedes the child's ability to make a conscious choice, it is clear that he is without responsibility for his disturbance in gender identity. To try to coerce the child into behavior that conforms with his anatomy, whether by threats, physical force, or the withholding of love, must be seen to be barbarous, as well as ineffective. It could be fatal.

In medicine, this attitude has its counterpart in therapies[5] such as electro-shock and aversion therapies, with results that are sometimes brutally harmful but which never "cure" transexualism.

It is generally agreed that an adult will not benefit from psychotherapy. Whether a child will or not is not known, but it is generally advised in order that all avenues of help are explored. This is covered in other sections of this pamphlet.

[5] sometimes used with adults and adolescents

THE ADULT TRANSEXUAL

How Patients Are Chosen

The first step for an adult transexual who seeks treatment should be a consultation with a psychiatrist who has had previous experience in working with transexuals. If such a person is not available in his area, he should try to find an internist or other doctor with this experience. A practitioner who is unfamiliar with the theory and practice of treating transexuals may flatly refuse help or blunder in the help he offers.

The doctor may refer the patient to one of several gender identity clinics; however, the number of these identity clinics is too few and the waiting lists too long. Therefore, increasing numbers of general practitioners and internists are accepting transexual patients for hormonal therapy.

The gender identity clinics frequently associated with a university are engaged in a variety of research projects in the field of gender identity. If the individual applying does not meet the precise requirements of the work in progress at the clinic of his choice, he may be refused treatment there solely on these grounds. This does not necessarily mean that he is not a good candidate for sex reassignment, and should not discourage him from applying to another clinic where help may be available to him.

Apart from the special restrictions of their research programs, most gender identity clinics agree on certain criteria for accepting the transexual who is over twenty-one for diagnosis and treatment leading to surgery. These requirements are designed to eliminate candidates whose judgment is impaired or who are otherwise too severely disturbed to benefit from sex reassignment; those who are not clearly decided on this course and who might later regret their decision; and those who, in the opinion of the consulting staff might not, for a variety of reasons, make a successful adjustment to the new role. Most clinics wisely require that the patient live and work in the desired sex for a long enough period of time to demonstrate that he can do so comfortably, and without attracting undue notice.

The patient being considered for treatment is observed in a series of interviews, and physical and psychological tests and examinations.

Clinical Treatment of the Transexual

Surgery is not the first, but rather the last major step in the remedial program. The wisdom of this may readily be seen. The results of surgery cannot be reversed, the original anatomy can never be restored. For better or worse, the individual must live with his "new" body.

On the other hand, hormone therapy, with which treatment begins, produces physical changes which are generally reversed after hormones are discontinued. In addition to body changes, hormone therapy will also provide a revealing experience of some of the inner

feelings of a person of the opposite sex, with respect to the power of sexual desire.

During this preoperative phase, psychological counseling to support the transexual through the delicate transitional period may be helpful in some cases, but is not universally necessary as he is generally very happy to be on his way to his real self. In the case of the male, hormones may partially suppress the beard and body hair, but electrolysis of at least the beard is usually required for best cosmetic results. When the way is well-prepared, both physically and psychologically, surgery then occurs as a natural conclusion.

Gender identity clinics will ask the patient to cooperate in periodic meetings for some time after treatment has been completed. This is for the purpose of studying and helping with his social, emotional, sexual and economic adjustments to his new role. By participating in these follow-up studies, the transexual makes an important contribution to the better understanding and treatment of transexualism. And if further therapy is indicated, his physicians will be helpful to him in this regard.

Other Steps on the Way

The transexual making the change from male to female, and to a lesser degree his female counterpart, will need to study the grooming and clothes of the chosen sex. His mirror and his friends and family may supply all the help he needs. Or the male transexual may decide to apply to a charm school for expert instruction. For the transexual whose field of work will not permit him to retain his old job, vocational training is essential so that he may be fully self-supporting.

There will be legal adjustments to be made: the securing of identification papers and other documents in his new name, and, in the case of an individual who is married, a decree of divorce. Most gender identity clinics require that a divorce be obtained before they accept a patient for surgery.

It may be advisable for the transexual to re-locate to one of the urban areas where the necessary professional help is readily available. Relocation may eventually be advisable in any case to spare the patient the embarrassments of working out his new identity under the public eye. After the final steps in the transition are completed, he may decide to return home.

The financial burdens of sex reassignment, the cost of surgery and other therapy, the loss of income during the period of recuperation, may present the transexual with a difficult or insurmountable problem. If members of his family are able to share this burden, hopefully the help will be received with gratitude.

A Final Word

Imagine that you, the father of a transexual, awakened one morning, looked into the mirror, and saw an unfamiliar reflection returning your glance: that of a woman. Imagine your shock and dis-

may. Your feelings were no different from what they had always been; and yet you, with your masculine sense of self, were now trapped in a body that contradicted all that you know yourself to be. If you are a woman, perform this experiment in reverse.

Now you have a slight notion of what your son or daughter has been experiencing daily, probably since earliest childhood. Furthermore, he has been under constant pressure to keep up the masquerade at school, in his social relations, in his job, and perhaps even at home: in his total way of life. One day, the strain began to be overwhelming. He felt that he could not sustain this deception, this contradiction, for another moment. Either he tried suicide, or knowing that skilled and understanding help is available to him, he set out to find it.

It is little wonder that the adult transexual who finds himself in this impasse is determined to free himself from it. Once he has decided on the course of sex reassignment, he probably will never look back. If qualified doctors accept him for treatment, the chances are that nothing will dissuade him, not even the disapproval or entreaties of those he loves. When you have clearly understood and felt the reasons for his determination to find help, let him do so fortified by your support and love.

THE GENDER DISTURBED CHILD

When a little boy from time to time dresses up in mother's skirts and shawls, and adorns himself with her lipstick and necklaces; when a little girl prefers a game of cowboys and indians with the boys to playing house with the other girls: parents will generally decide that this is a passing phase which the child will soon outgrow. And in most cases they will be right. Young children will experiment with many roles and activities in the process of finding and forming their identity.

However, there is cause for concern when the child's constant and insistent pattern of behavior is that which we would identify as that of the opposite sex. He is then g i v i n g signs of cross-gender identification (i.e., identification with the opposite sex) a condition for which family guidance and therapy may prove helpful.

How does the child with a gender identity problem differ from the child who is genuinely going through a passing phase of play and exploration? Let us take an idealized example of one little boy.

Since he was about 3 or 4 years old, Tommy has been making attempts to drape himself in clothes of his mother and older sister. He does this every chance he gets, and now, at age 5, he would wear feminine clothing exclusively if permitted to do so. Furthermore, he is a remarkably convincing "little girl" in appearance, mannerisms, and in voice inflection.

Tommy has always avoided the company of other boys and their rough and tumble games, and his interests are typically those of the little girls who are his friends. Frequently he takes a leading role in setting up their games, invariably assigning to himself the part of the mother. He shows a marked interest in all his mother's activities and faithfully mimicks her voice and mannerisms.

By the time he was three ar four, Tommy repeatedly insisted that he was a girl, and staged temper tantrums if he was contradicted. He always sits down to urinate, and aften asks his mather why his penis cannat be remaved.

This little boy presents an especially clear-cut picture af a child with cross-gender identification. By his preferences, by what he avaids, by his emphatic statements, he expresses his conviction that he truly is a member of the appasite sex. Not all such cases are so distinct and pranounced, nar will they display all af these specific characteristics. The determining factor in defining the condition, far dactars wha specialize in these prablems, lies in the frequency and assurance of crass-gender behaviar, and in the evidence af the child's spaken ar unspoken convictian.

Treatment for such a child will include physical examinatians and psychotherapy far at least one parent, preferably far bath, and psychatherapy for the child, sa as ta allaw him every chance to overcame his prablem if that be possible. But the prablem must be brought to prafessianal attention before the age of five.

ON THE INTERSEXED

There are several types af anatomical abnormalities of sex, same of which show themselves at birth, others remaining hidden until puberty, in which the individual develaps same physical characteristics of bath sexes. He is then clinically described as intersexed or hermaphroditic.

If such a condition is recagnized at birth, the child shauld be fully investigated during his first year to determine: chromosome[6] pattern, the canfiguration of the external and internal genitalia, harmonal sex, and nature af the ganads[7]. Modern medical experts feel that when surgical changes then indicated are made in infancy, the child's chances of escaping any subsequent seriaus difficulties are excellent.

Beyand the age af 1½, ar in puberty, the questian af sex reassignment becomes more complicated, but there is a gaad chance of success when the physicians consulted give first consideration ta the sex in which the child has been reared and to the sex to which he feels himself ta belang. This latter is the factar referred ta as gender identity, or psychalagic sex, to which the great majority af qualified specialists assign first importance in determining the appropriate caurse af treatment.

The intersexed child is nat a transexual, but may share same of the same prablems (i.e., crass-gender identity) ta which the transexual is subject. Same intersexed children da request sex reassignment, but very few of them. These requests are made usually at ar after puberty.

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[6] microscopic bodies that carry the genes that convey hereditary characteristics

[7] glands that produce reproductive cells

THE NON-TRANSEXUAL GENDER DISTURBED ADOLESCENT

The period of transition from child to adult, announced at the onset by great physical change, often produces confusion and conflict even in the individual whose body development is well within the range of the normal. The acute self-consciousness of the adolescent, which we have all witnessed and to some degree experienced, reflects the strangeness to him of his suddenly maturing body; and the new demands made upon him by others, and which he makes upon himself, as an individual on the threshold of adulthood.

At this sensitive time, his self-acceptance depends heavily upon the acceptance of his family, and especially on that of his peers[a]. It is a time of life when conformity to the expectations of the group, in appearance and behavior, is crucial to his comfort and to the ultimate success of his passage to adult life. The adolescent who has not yet learned to value the uniqueness of each individual's inner worth feels that to be in any way different is to be inferior. Where physical appearance is concerned, the mass media add yet another weight of unrealistic pressure, in their stress upon the flawless physical image.

In instances where some physical abnormalities have been present since childhood, these characteristics take on a heightened significance at this time, when the body acquires a new social value. If abnormalities appear for the first time in adolescence, the effect on the child can be shocking and unsettling, causing him to withdraw from those around him. Suddenly, the shape of his nose or the size of his ears may disturb him to the point of obsession. But he is, quite naturally, particularly sensitive to any unusual features in his sexual development. In boys, these may include undescended testes, a small penis, enlarged breasts, obesity, and short stature. In girls, excessive body or facial hair, breasts that are small or fail to develop, absent or delayed menarche, give cause for concern.

As parents of an adolescent whose sexual development is in any way unusual, you will want to see that he receives without delay treatment which is essential to his well-being. Such conditions will not set themselves right; and postponement of treatment may only confirm abnormalities which, if attended to at once during this very fluid stage of growth and change, may be fully corrected or alleviated. The skilled services of a psychiatrist, plastic surgeon, endocrinologist, pediatrician, or other specialist where indicated, can make all the difference for your child at this juncture, sparing him needless pain now and for the future.

The doctors you consult may suggest a program of hormones or other medication, diet, exercise, and, in some instances, reconstructive surgery. In most cases, the child will respond gratifyingly to this care. His evident new-found sense of well-being will be your reward. If some disturbance should remain after medical help is completed, the assistance of a psychotherapist may be required.

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[a] others of his own age

THE TRANSEXUAL ADOLESCENT

The adolescent we have just described suffers from physical irregularities in his normal heterosexual development. They are the sources of his disturbance, and once they have been corrected to the fullest possible extent the disturbance will subside.

In the case of the transexual adolescent, the source of disturbance is precisely his normal physical development. For the boy who from earliest childhood has regarded himself as a girl, the appearance of the insignia of manhood, i.e., beard, body hair, deepening voice and genital maturation, is a traumatic event. Likewise for the transexual girl, the breast development and the onset of menarche, so prized by the heterosexual girl, are deeply repugnant to her.

Those children who suffer from a conflict between sex and gender identity find that this conflict is painfully intensified by their normal adolescent development. For them, too, experienced and compassionate professional help is available, and it is crucial that it be enlisted at once. A gender identity team, or experienced medical practitioner, will make the best possible determination of treatment for your child after the appropriate tests have been evaluated.

As important to your child as the professional care he receives is the love and acceptance only you can give. Do not underestimate what you can do for him in this regard. His family's attitude toward him is important to any child. To the child in difficulty, it may be crucial. To the transsexual child it will be important that you accept him as he is: for himself. Let him know, in every way you can, that the person he is, with all his special qualities of character, means far more to you than the features of his physical appearance. With your constructive support, your adolescent will come through to a happier, more successful life than either you or he thought possible, during the perlexing time before treatment.

A QUESTION OF ETHICS

Some of the most stubborn opposition to sex reassignment therapy has come not from the general public nor from the ministers of the various faiths, who have been for the most part sympathetic and open-minded. It has come, perhaps surprisingly, from some members of the medical profession. As is the case with other prejudices in the face of innovation, this opposition stems from ignorance and fear.

Some doctors are concerned that they might be subject to legal prosecution if they recommend or assist in surgical procedures. In fact, not one such case has been brought into our courts of law to date, although approximately 1000 persons have had such surgery. Nor is this likely to happen in the future, when more instances of successful treatment of the transexual and more literature on the subject will create a still better climate of acceptance than now exists. It is also significant that a group of physicians when polled felt that they would have a more positive attitude toward the transexual who has received sex reassignment than toward one who has

not achieved this goal. Fear of risk and responsibility, not scientific judgment, is clearly reflected in this attitude.

So-called moral opposition shows itself to be equally superficial and ill-informed. One such argument is based on the fact that surgery deprives the individual of his reproductive capacities. Yet a moment's thought will show that it is highly unusual for someone who suffers from a disturbance of gender identity to marry and breed. If, in the case of the male for example, he should do so in order to "prove" that he is a man, the marriage probably will fail and his wife and children suffer thereby.

Those who disapprove of sex reassignment as a rehabilitation procedure fail to take into consideration all the reliably documented instances of treated transexuals who have been restored to happy, useful and socially acceptable lives through treatment. On simple humane grounds, the saving and rehabilitation of a life in jeopardy should be a primary consideration in the evaluation of any therapy.

Concerning professional prejudice, the final word has been said by Dr. John Money of Johns Hopkins University Hospital, a pioneer worker in the field of gender identity. Dr. Money has observed that when physicians have the opportunity to meet with and interview a transexual, their attitudes toward sex reassignment become distinctly more favorable. As in other areas of life, experience remains the best means for dispelling bias and intolerance.

SUGGESTED READING

1. THE TRANSEXUAL PHENOMENON, by Harry Benjamin, M.D. New York, Julian Press. 1966. $8.50.
2. TRANSSEXUALISM AND SEX REASSIGNMENT, edited by Richard Green and John Money. 1969. $15.00, John Hopkins Press.
3. SEX REASSIGNMENT, by John Money and Ronald J. Gaskin reprint from International Journal of Psychiatry, 9:249-282, 1970-1971. A copy of this 34 page reprint is available from Erickson Educational Foundation on request plus $1.00 to cover postage and handling.
4. SEX ERRORS OF THE BODY: DILEMMAS, EDUCATION, AND COUNSELING, by John Money, Johns Hopkins Press. 1968.